

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAUFORM  
SA-712ADUE  
DATE ▸

## 1999 SERVICE ANNUAL SURVEY

Museums, Historical Sites and Similar Institutions

NOTICE — Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

RETURN COMPLETED FORM TO

U.S. CENSUS BUREAU  
1201 East 10th Street  
Jeffersonville, IN 47132-0001Any questions call  
1-800-772-7851 weekdays,  
8:30 a.m. to 5:00 p.m. EST140  
712120SAS\_G  
E

(Please correct any error in name, address, or ZIP Code)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

## Item 1 SURVEY COVERAGE

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in the preservation and exhibition of sites, buildings, forts, or communities that describe events or persons of particular historical interest. Also included are archeological sites, battlefields, historical ships, and pioneer villages.

Does the above coverage describe this firm's business activity?

0001 1 ☐ Yes – Continue with Item 32 ☐ No – Specify your business activity and continue with Item 3 ▸

0002

## Item 2 NOT APPLICABLE TO THIS FORM

## Item 3 REPORT PERIOD

Mark (X) the one box which best describes the period covered by your report.

0006 1 ☐ Calendar year – Go to Item 4A

If the data reported are for a period other than the "calendar year," please enter the beginning and ending dates.

2 ☐ Fiscal year3 ☐ Less than 12 months } →

From

To

1999			1998		
Month	Day	Year	Month	Day	Year
0007			0057		
0008			0058		

**Item 4A REVENUE**

Include exhibit admissions; amounts received from the use of facilities; parking fees; income from the operation of schools, classes, training facilities, etc.; sales of food, refreshments, alcoholic beverages; and other merchandise excluding sales taxes. Exclude state, local, and sales taxes.

1. Total Revenue \_\_\_\_\_  
 If book figures are not available, estimates are acceptable. Please refer to the enclosed instructions before making your entries.

Key code	1999				Key code	1998			
	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
002					052				

2. Total Operating Expenses \_\_\_\_\_  
 If book figures are not available, estimates are acceptable. Please refer to the enclosed instructions before making your entries.

Key code	1999				Key code	1998			
	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
003					053				

**Item 4B E-COMMERCE RECEIPTS/REVENUE**

(E-commerce receipts/revenue are sales of goods and services over an Internet, extranet, EDI, or other online system. Payment may or may not be made on-line.)

Estimates are acceptable if book figures are not available.

1. Did your firm have e-commerce receipts/revenue during 1999 and/or 1998?

0011

- 1 ☐ Yes — Enter the date your firm began e-commerce sales. \_\_\_\_\_  
 2 ☐ No — Continue to Item 5.

0010

Month (i.e., June=06)	Year (i.e., 1999=99)

2. What were your firm's e-commerce receipts/revenue for 1999 and 1998? (Include e-commerce receipts/revenue in Item 4A. Exclude sales taxes.) \_\_\_\_\_

Key code	1999				Key code	1998			
	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
005					055				

< Please continue to Item 5. >

Item 5		NUMBER OF LOCATIONS				1999 Number		1998 Number													
						0012		0062													
		Enter the total number of service locations covered by this report as of December 31, 1999 and 1998.																			
Item 6		OWNERSHIP OR CONTROL				0014		Name of owning or controlling company													
a. Does another firm own more than 50 percent of the voting stock or have the power to control the management and policies of this company?						Number and street															
						City, State, and ZIP Code															
0013 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						EIN		0015													
b. Did this firm acquire or merge with another company during 1999 or 1998?						0017		Name of company acquired or merged with													
						Number and street															
						City, State, and ZIP Code															
0016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						Date of merger or acquisition		0018		Month		Year		EIN		0019					
Item 7		REMARKS – Please use this space for any explanations that may be helpful in understanding your reported data. For any separate correspondence pertaining to this report, please include the IDENTIFICATION number shown in the address label area or at the top of the page.																			
0027																					
Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.																					
Item 8		CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.																			
0020		Name of person completing this report – Please print				0021				Address (Number and street, city, State, ZIP Code)				0022		Telephone					
												Area code		Number		Extension					
Signature of authorized person						0023		Fax				Area code		Number		Extension					
0024		Title				0025		Date				0026		E-mail address							
Please return the completed form in the enclosed envelope. If you prefer, you may fax the completed form to 1-800-447-4613.																					



## SERVICE ANNUAL SURVEY GENERAL INSTRUCTIONS

Your report should be completed and returned in the preaddressed envelope provided on or before the due date. If the report does not appear to apply to your kind of business or activity, describe your business or activity in item 1 and complete the remainder of the form as accurately as possible.

If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to the

U.S. Census Bureau  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

or call our Census Bureau representative in Jeffersonville, Indiana at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern time.

Always include your identification number, located in the address label, in any correspondence.

IF BOOK FIGURES ARE NOT AVAILABLE, ESTIMATES ARE ACCEPTABLE.

Please read all instructions before making your entries.

Report data for the calendar year(s) specified. If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period. Report all values in dollars (omit cents). Enter "0" in items where appropriate. Please do not combine data for two or more revenue lines.

For location(s) sold or acquired during the year(s) specified, report only for the period that the locations were operated by this firm.

---

## SPECIFIC INSTRUCTIONS

### Taxable Firms

#### Revenue

Report revenue for all services rendered and any sales of merchandise for the calendar year(s) specified, even though payment may have been received at a later date. Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

#### *Include –*

- Total value of service contracts.
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations for FOREIGN parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

#### *Exclude –*

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Revenue from a domestic parent organization, or from franchise locations owned by others and any franchise or license fees.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties, or grants.
- Revenue from the sale of used equipment.
- Installment payments from leasing under capital, finance, or full-payout leases.

# SERVICE ANNUAL SURVEY

## SPECIFIC INSTRUCTIONS – Continued

### Tax-Exempt Firms

#### Revenue

Except for firms operating on a commission basis, report revenue for all services rendered and any sales of merchandise for the calendar year(s) specified, even though payment may have been received at a later date. Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

#### *Include –*

- Total value of service contracts.
- Dues and assessments from members and affiliates.
- Net revenue from fundraising activities.
- Revenue from services provided by domestic locations for FOREIGN parent firms, subsidiaries, branches, etc.
- Revenue from taxable business activities as covered by IRS Form 990T.
- Nonoperating revenue such as income from investments, sales of company owned real estate (land and building) or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties or grants.

#### *Exclude –*

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Amounts transferred to operating funds from capital or reserve funds.
- Revenue from a domestic parent organization.

### Expenses

Report costs incurred during the survey year(s) specified even though payments may have been made at a later date.

#### *Include –*

- Payroll and employee benefits.
- Interest and rent expenses.
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year.
- Contracted or purchased services.
- Fees paid to other organizations for fundraising.
- Depreciation expenses.
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments.

#### *Exclude –*

- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures.
- Funds invested.
- Income taxes.
- Assessments (dues) paid to the parent or other chapters of the same organization.
- For firms engaged in raising funds – Funds which are transferred to charities or other organizations.